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FACSIMILE TRANSMITTAL

DATE: 03/21/2006	FROM: Samuel A. Kassatly
TO: Examiner Monica M. Pyo	TELEPHONE NO.: (408) 323-5111
U.S. Patent and Trademark Office	FACSIMILE NO.: (408) 521-0111
Group Art Unit: 2161	ATTY DOCKET NO.: SVL920030003US1
FACSIMILE NO.: 571-273-8300	SUBJECT: Amendment A

Title: "System And Method For Efficiently Writing Data From An In-Memory Database To A
Disk Database"

Applicant(s): Kevin Brown, et al.

Attorney Docket No.: SVL920030003US1

Serial No.: 10/611,552

Filing Date: June 30, 2003

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE 19THANK YOU FOR FORWARDING THIS DOCUMENT TO EXAMINER Monica M. Pyo
AS SOON AS POSSIBLE.

Respectfully submitted,

Samuel A. Kassatly
Reg. No. 32,247
Date: 03/21/2006Enclosure: Amendment ACERTIFICATE OF FAXINGI hereby certify that this correspondence is being faxed to the U.S. Patent and Trademark Office,
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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/611,552
Filing Date	June 30, 2003
First Named Inventor	Kevin Brown, et al.
Art Unit	2161
Examiner Name	Monica M. Pyo
Total Number of Pages in This Submission	19
Attorney Docket Number	SVL920030003US1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Facsimile cover page 2) Certificate of Transmission 3) Replacement Fig. 1 4) Affidavit of S. Elnaffar
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Samuel A. Kassatly, Law Office		
Signature			
Printed name	Samuel A. Kassatly 		
Date	03/21/2006	Reg. No.	32,247

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Samuel A. Kassatly	Date	03/21/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0

Complete if Known

Application Number	10/611,552
Filing Date	June 30, 2003
First Named Inventor	Kevin Brown, et al.
Examiner Name	Monica M. Pyo
Art Unit	2161
Attorney Docket No.	SVL920030003US1

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 09-0460 Deposit Account Name: International Business Machines				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Small Entity
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180
Total Claims	Extra Claims Fee (\$)
29	0 x 50 = 0
HP = highest number of total claims paid for, if greater than 20.	
Indep. Claims	Extra Claims Fee (\$)
3	0 x 200 = 0
HP = highest number of independent claims paid for, if greater than 3.	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		- 100 = / 50 = (round up to a whole number) x		0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

0

0

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,247	Telephone 408-323-5111
Name (Print/Type)	Samuel A. Kassatly		Date 03/21/2006

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